

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029610

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 346 Primary Registration District No. 6275 Registrar's No. 318

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 1 1963

a. COUNTY St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Francois Township

Length of stay in 7b
5 yr 11 mos 17 das.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION State Hospital No. 4

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Texas

c. CITY OR TOWN Mountain Grove

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Route 1

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
CYNTHIA E. COLE

4. DATE OF DEATH
Month Day Year
July 27, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Dec. 18, 1903

9. AGE (last birthday)
59

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife and formerly a school teacher

10b. KIND OF BUSINESS OR INDUSTRY

Kansas

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Charles H. Pool

13b. MOTHER'S MAIDEN NAME

Emma Lena Saunders

14. NAME OF HUSBAND OR WIFE

Glen Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Records, State Hospital No. 4, Farmington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bilateral bronchial pneumonia, terminal - - - -

INTERVAL BETWEEN ONSET AND DEATH
4 days.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Alzheimer's disease with convulsions.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 23, 1963 to July 27, 1963 and last saw her alive on July 27, 1963
Death occurred at 1:00 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

John A. Brennan

22b. ADDRESS
State Hospital No. 4
Farmington, Missouri

22c. DATE SIGNED
7-28-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE
July 30, 1963

23c. NAME OF CEMETERY OR CREMATORY
Cabool Cemetery

23d. LOCATION (City, town, or county)
Cabool, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gentry Funeral Home, Cabool, Missouri

25. DATE RECD. BY LOCAL REG.

July 28, 1963

26. REGISTRAR'S SIGNATURE

Ethel Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Berk Dugal

Licensed Embalmer No. 4120

P. O. Address Ferningthe New

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.